

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	RSD		1/18/01
<b>FORMALITY REVIEW</b>	Request	925	02-05-01
<b>RESPONSE FORMALITY REVIEW</b>	SG lit	1077 907	6/26/01 9-7-01

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/21/01
2		✓	1/18/01
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Claim	Final	Original	Date
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